



Sample Letter

ACCEPTANCE OF ACCESS TO RECORDS REQUEST

Insert Client Name and Address	Medicaid ID# or Soc. Sec. #
	Date Filed
	Date Processed

Dear (Client name):

Thank you for submitting your request for access to your health information.

- ☐ Your request has been accepted in full.
- ☐ Your request has been accepted in part. You will receive a separate letter about the area of your request that was denied.
- ☐ Please contact _____ to schedule an appointment to review the health information you requested to access.
- ☐ Copies of the health information you are approved to access are enclosed at no cost to you.
- ☐ Copies of the health information you are approved to access are enclosed. You agreed to pay a processing fees of \$_____ for this information. You have already received this information at no cost to you within the past 12 months.
- ☐ Other: _____

Sincerely,

Name
Job Title

c: Case File